

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/392585
FILING DATE
APPLICANT(S)

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CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5	Canceled	Canceled				
6						
7						
8						
9						
10						
11						
12	Canceled	Canceled				
13	Canceled	Canceled				
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50						
TOTAL IND.	2		1			
TOTAL DEP.	12	→	11	→		→
TOTAL CLAIMS	14	→	12	→		→

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.		→		→		→
TOTAL CLAIMS		→		→		→

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY